

CONTRACT #1
RFS # 339.17-027

**Department of Mental Health
and Developmental
Disabilities (MHDD)**

VENDOR:
University of Tennessee

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

JUN 22 2007

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS # 339.17-027

2) State Agency Name : TDMHDD-MMHI

EXISTING CONTRACT INFORMATION

3) Service Caption : Psychiatric Services (Psychiatrist & Psychiatric Residents)

4) Contractor : University of Tennessee

5) Contract # ED-04-01188-00

6) Contract Start Date : July 1, 2003

7) Current Contract End Date IF all Options to Extend the Contract are Exercised : June 30, 20078) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$2,331,396.00

PROPOSED AMENDMENT INFORMATION

9) Proposed Amendment # 410) Proposed Amendment Effective Date : July 1, 2007
(attached explanation required if date is < 60 days after F&A receipt)11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised : June 30, 200812) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised : \$2,877,353.0013) Approval Criteria :
(select one) ☒ use of Non-Competitive Negotiation is in the best interest of the state☐ only one uniquely qualified service provider able to provide the service

14) Description of the Proposed Amendment Effects & Any Additional Service :

This amendment will revise the present contract by increasing the salaries of the Psychiatrist & Residents by 3%. There has not been an increase for two (2) years.

15) Explanation of Need for the Proposed Amendment :

The facility wishes to retain the services of UT contracted Psychiatrist & Residents to fulfill the staffing needs of MMHI when the need

arises. UT is the only medical school in West Tennessee that can provide the psychiatric coverage needed at MMHI. Utilizing a medical school such as UT is a very cost effective means of providing quality services at less cost. Also, utilizing UT will also help in maintaining a relationship with another state agency that can prove useful in any present & future endeavors.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

UT is a state education institution.

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

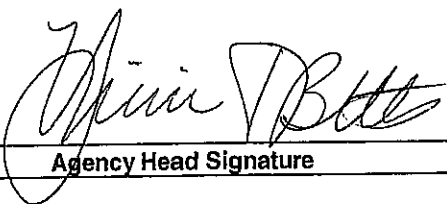
UT is the only medical school in West Tennessee that can provide the psychiatric coverage needed at MMHI.

21) Justification for the Proposed Non-Competitive Amendment :

Contracting with a state medical school such as UT is very cost effective. This approach will benefit both state agencies. MMHI will have emergency psychiatric services when needed & UT will have access to direct on-site supervised training.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)



6/19/07

Agency Head Signature

Date



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF CONTRACTS REVIEW
Contract Review Notes

RFS # 339.17-027, ED-04-01188-04, University of Tennessee

OCR REVIEWER: Una Tosh

DATE: June 5, 2007

#

GENERAL INFORMATION / INSTRUCTION

- i Address or correct each issue/problem detailed below.**
NOTE: Do not change the contract or the Contract Summary Sheets except as may be required to address or correct issues/problems detailed below. If for some reason additional change is found necessary, submit a cover memo detailing such along with the subject, contract when it is re-submitted to OCR for approval review.
- ii** Obtain new contract party signatures (or initials) as necessary and appropriate for contract revisions.
- iii** Re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication.
- iv If you do not concur and seek approval regardless of the review results detailed below, please:**
(1) complete the request for F&A executive review & approval in the "box" immediately below with the appropriate certified or authorized signature;
(2) attach a written justification for not addressing review results prior to approval;
(3) re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication; the completed and signed request for F&A executive review & approval; and, written justification for not addressing review results prior to approval.

REQUEST FOR F&A EXECUTIVE REVIEW & APPROVAL

Upon our review of the matter and based on the attached justification, we do not concur that all or part of the information above is sufficient to prevent approval of the proposed contracting document. We therefore request F&A Commissioner approval notwithstanding any detailed review results that are not addressed.

Procuring Agency Head Signature: _____

#

ISSUE(S) / PROBLEM(S)

- 1** ~~To correct this contract, a non competitive amendment request will be needed.~~ Attached. Sent to OCR
- 2** Section C.3 Payment Methodology. You will need to include a table showing the rates for each fiscal year beginning with fiscal year 2004 through 2008.



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
MENTAL HEALTH SERVICES
Cordell Hull Building - 3rd Floor
425 5th Avenue North
Nashville, Tennessee 37243**

June 19, 2007

MEMORANDUM TO:

Robert Barlow

FROM:

Virginia Trotter Betts, MSN, JD, RN, FAAN

RE:

Non-competitive amendment request

This request is late being submitted because the original documents were returned by OCR on June 5, 2007 indicating that a Non Competitive Amendment request would be required before the Amendment could be processed.

The original contract, ED-04-01188-00, was approved for the term July 1, 2003 – June 2004. A Non Competitive Request was submitted and approved. Amendments were submitted and approved for the term July 2004 – June 2005, July 2005 – June 2006, and July 2006 – June 2007. A non-competitive amendment request was not submitted for either of these amendments. However, Amendment Number Four changed the payment methodology as well as the maximum liability, so a non-competitive amendment request should have been submitted prior to submitting the paperwork for the amendment.

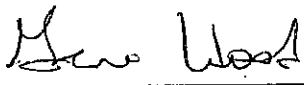
This contract is with the University of Tennessee and provides for psychiatric services to those service recipients admitted to the Memphis Mental Health Institute.

Your favorable consideration of this request is appreciated. Please let me know if you need additional information.

lp

CONTRACT SUMMARY SHEET

021406

RFS #		Contract #	
339.17-027		ED-04-01188-04	
State Agency		State Agency Division	
TDMHDD		MEMPHIS MENTAL HEALTH INSTITUTE	
Contractor Name		Contractor ID # (FEIN or SSN)	
UNIVERSITY OF TENNESSEE		<input checked="" type="checkbox"/> C- or <input type="checkbox"/> V- C62-6001636-R3	
Service Description			
PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMENDMENT #4			
Contract BEGIN Date	Contract END Date	Subrecipient or Vendor?	CFDA #
1-Jul-03	30-Jun-08		
Mark Each TRUE Statement			
<input type="checkbox"/> Contractor is on STARS		<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts	
Allotment Code	Cost Center	Object Code	Fund
339.17	302210	25Z 407	11
FY	State	Federal	Interdepartmental
2004			
2005			
2006			
2007			
2008			
TOTAL	\$ -	\$ -	\$ -
			\$ 2,877,353.00
			\$ 2,877,353.00
COMPLETE FOR AMENDMENTS ONLY			State Agency Fiscal Contact & telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	GENE WOOD (615) 532-6676
2004	\$ 741,231.00		State Agency Budget Officer Approval
2005	\$ 530,055.00		
2006	\$ 530,055.00		
2007	\$ 530,055.00		
2008		\$ 545,957.00	Funding Certification (certification required by L.C.A. §9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
TOTAL	\$ 2,331,396.00	\$ 545,957.00	
End Date	6/30/2007	6/30/2008	
Contractor Ownership (complete only for base contracts with contract prefix IFA or GR)			
<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> Person w/ Disability <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American	<input type="checkbox"/> Small Business <input type="checkbox"/> NOT disadvantaged <input type="checkbox"/> OTHER minority/disadvantaged—
Contractor Selection Method (complete for ALL base contracts—N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP <input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Competitive Negotiation <input checked="" type="checkbox"/> Negotiation w/ Government (eg, ID, GG, GU)	<input type="checkbox"/> Alternative Competitive Method <input type="checkbox"/> Other	
Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)			

TOTAL

[illegible]

ED-04-01188-02

2006

[illegible]

[illegible]

**AMENDMENT FOUR
TO CONTRACT ED-04-01188-00**

This CONTRACT, by and between the State of Tennessee, Department of Mental Health and Developmental Disabilities-Memphis Mental Health Institute, hereinafter referred to as the State, and The University of Tennessee, hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Delete Section B.1 in its entirety and insert the following in its place:

B.1. Contract Term. This Contract shall be effective for the period commencing on July 1, 2003 and ending on June 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

2. Delete Section C.1 and C.3. in its entirety and insert the following in its place:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Two Million Eight Hundred Seventy Seven Thousand Three Hundred Fifty Three (\$2,877,353.00). The Payment Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials, or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, profit, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Payment Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

C.3. Payment Methodology. The Contractor shall be compensated based on the Payment Rates in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor shall be compensated based upon the following Payment Rates:

<u>SERVICE</u>	<u>PAYMENT RATE PER MONTH & YR</u>	<u>PAYMENT RATE PER DAY & YR</u>
	FY2007	FY2008
Two (2) Psychiatrist-Staff	\$905.28 ea/day-\$189,204ea/yr	\$932.44 ea/day -\$194,880ea/yr
One (1) Resident-1 st year	\$222.50/day -\$48,951/yr	\$229.18/day -\$50,420/yr
One (1) Resident-2 nd year	\$233.19/day -\$50,136/yr	\$240.19/day -\$51,640/yr
One (1) Resident-4 th year*	\$4,380.00/mo -\$52,560/yr	-\$54,137/yr
*Residency not used for 3 rd students		

The Contractor shall not be compensated for travel time to the primary location of service provision.

The Contractor shall submit monthly invoices for completed work, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall, at a minimum, include the name of each individual, the individual's job title, the number of hours worked during the period, the applicable Payment Rate, the total compensation requested for the individual, and the total amount due the Contractor for the period invoiced.

The Contractor will be allowed a maximum number of billable days per position per contract as follows:

Full-time Psychiatrist (2) will be allowed up to 1,672 hours or 209 days.

Resident-1st year will be allowed up to 1,760 hours or 220 days.

Resident-2nd year will be allowed up to 1,720 hours or 215 days.

A "day" shall be defined as a minimum of eight (8) hours of service. The Contractor shall bill only for portions of a day if the Contractor provided fewer than eight hours of service in a standard twenty-four hour day. The Contractor shall not bill more than the daily rate even if the Contractor works more than eight hours in a day.

A "month" shall be defined as a minimum of eight (8) hours of service per workday – Monday through Friday excluding weekends and MHDD paid state holidays. The Contractor shall bill only for portions of a month if the Contractor provided less than the anticipated Monday through Friday on a pro rata basis of daily rate /eight (8) hours.

The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

UNIVERSITY OF TENNESSEE



NAME & TITLE
Anthony A. Ferrara
Vice Chancellor
Finance & Operations
DATE
4-26-07

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:



Virginia T. Betts, MSN, JD, RN, FAAN, Commissioner
DATE
5-3-07

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner
DATE

DEPARTMENT OF PERSONNEL:

Deborah E. Story, Commissioner
DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury
DATE



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF CONTRACTS REVIEW
Contract Review Notes

RFS # 339.17-027, ED-04-01188-04, University of Tennessee

OCR REVIEWER: Una Tosh

DATE: June 5, 2007

GENERAL INFORMATION / INSTRUCTION

i Address or correct each issue/problem detailed below.

NOTE: Do not change the contract or the Contract Summary Sheets except as may be required to address or correct issues/problems detailed below. If for some reason additional change is found necessary, submit a cover memo detailing such along with the subject, contract when it is re-submitted to OCR for approval review.

ii Obtain new contract party signatures (or initials) as necessary and appropriate for contract revisions.

iii Re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication.

iv If you do not concur and seek approval regardless of the review results detailed below, please:

- (1) complete the request for F&A executive review & approval in the "box" immediately below with the appropriate certified or authorized signature;
- (2) attach a written justification for not addressing review results prior to approval;
- (3) re-submit the proposed, contract (and any documentation and associated records required for approval) to OCR with a copy of this communication; the completed and signed request for F&A executive review & approval; and, written justification for not addressing review results prior to approval.

REQUEST FOR F&A EXECUTIVE REVIEW & APPROVAL

Upon our review of the matter and based on the attached justification, we do not concur that all or part of the information above is sufficient to prevent approval of the proposed contracting document. We therefore request F&A Commissioner approval notwithstanding any detailed review results that are not addressed.

Procuring Agency Head Signature: _____

ISSUE(S) / PROBLEM(S)

1 To correct this contract, a non competitive amendment request will be needed.

2 Section C.3 Payment Methodology. You will need to include a table showing the rates for each fiscal year beginning with fiscal year 2004 through 2008.

See attached. This has not been submitted to OCR pending outcome of non-competitive Amendment Request.

**AMENDMENT FOUR
TO CONTRACT ED-04-01188-00**

This CONTRACT, by and between the State of Tennessee, Department of Mental Health and Developmental Disabilities-Memphis Mental Health Institute, hereinafter referred to as the State, and The University of Tennessee, hereinafter referred to as the CONTRACTOR, is hereby amended as follows:

1. Delete Section B.1 in its entirety and insert the following in its place:
 - B.1. Contract Term. This Contract shall be effective for the period commencing on July 1, 2003 and ending on June 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.
2. Delete Section C.1 and C.3. in its entirety and insert the following in its place:
 - C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Two Million Eight Hundred Seventy Seven Thousand Three Hundred Fifty Three (\$2,877,353.00). The Payment Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials, or equipment required. The Payment Rates include, but are not limited to, all applicable taxes, fees, overheads, profit, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Payment Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.
 - C.3. Payment Methodology. The Contractor shall be compensated based on the Payment Rates in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor shall be compensated based upon the following Payment Rates:

<u>SERVICE</u>	<u>PAYMENT RATE PER MONTH & YR FY2007</u>	<u>PAYMENT RATE PER DAY & YR FY2008</u>
Two (2) Psychiatrist-Staff	\$905.28 ea/day-\$189,204ea/yr	\$932.44 ea/day -\$194,880ea/yr
One (1) Resident-1 st year	\$222.50/day -\$48,951/yr	\$229.18/day -\$50,420/yr
One (1) Resident-2 nd year	\$233.19/day -\$50,136/yr	\$240.19/day -\$51,640/yr
One (1) Resident-4 th year*	\$4,380.00/mo -\$52,560/yr	-\$54,137/yr
*Residency not used for 3 rd students		

(See attachment A for the comparison of payment rates for fiscal years 2004 through 2008)

The Contractor shall not be compensated for travel time to the primary location of service provision.

The Contractor shall submit monthly invoices for completed work, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall, at a minimum, include the name of each individual, the individual's job title, the number of hours worked during the period, the applicable Payment Rate, the total

compensation requested for the individual, and the total amount due the Contractor for the period invoiced.

The Contractor will be allowed a maximum number of billable days per position per contract as follows:

Full-time Psychiatrist (2) will be allowed up to 1,672 hours or 209 days.

Resident-1st year will be allowed up to 1,760 hours or 220 days.

Resident-2nd year will be allowed up to 1,720 hours or 215 days.

A "day" shall be defined as a minimum of eight (8) hours of service. The Contractor shall bill only for portions of a day if the Contractor provided fewer than eight hours of service in a standard twenty-four hour day. The Contractor shall not bill more than the daily rate even if the Contractor works more than eight hours in a day.

A "month" shall be defined as a minimum of eight (8) hours of service per workday – Monday through Friday excluding weekends and MHDD paid state holidays. The Contractor shall bill only for portions of a month if the Contractor provided less than the anticipated Monday through Friday on a pro rata basis of daily rate /eight (8) hours.

The other terms and conditions of this contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

UNIVERSITY OF TENNESSEE

NAME & TITLE

DATE

DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES:

Virginia T. Betts, MSN, JD, RN, FAAN, Commissioner

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

DATE

DEPARTMENT OF PERSONNEL:

Deborah E. Story, Commissioner

DATE

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

DATE

UT MED DIRECTOR, PSYCH & RESIDENTS-COMPARISON ANALYSIS
FY 2004 THRU FY2008
CALCULATION WORKSHEET

	FY2004	FY2004	FY2005	FY2006	FY2007	FY2007	FY2008	FY2008
# POS	MONTH AMT	TOTAL	AMT PER DAY	AMT PER DAY	TOTAL	AMT PER DAY	3% INCR	3% INCR
MEDICAL DIRECTOR	\$ 18,362.00	\$ 220,344.00	NO LONGER CONTRACTED	NO LONGER CONTRACTED	NO LONGER CONTRACTED	NO LONGER CONTRACTED	NO LONGER CONTRACTED	-
PSYCHIATRISTS	\$ 15,385.00	\$ 369,240.00	\$ 905.28	\$ 905.28	\$ 378,408.00	\$ 905.28	\$ 932.44	\$ 389,760.00
RESIDENTS-1ST YEAR	\$ 4,079.25	\$ 48,951.00	222.50	222.50	\$48,951.00	222.50	\$49,951.00	\$50,420.00
RESIDENTS-2ND YEAR	\$ 4,178.00	\$ 50,136.00	233.19	233.19	\$50,136.00	233.19	\$51,136.00	\$51,640.00
RESIDENTS-4TH YEAR*	\$ 4,380.00	\$ 52,560.00			\$ 52,560.00		\$ 54,137.00	\$ 54,137.00
TOTAL		\$ 741,231.00			\$ 530,055.00			\$ 545,957.00

From: Linda White
To: Parker, Linda
Date: 6/20/2007 3:15 PM
Subject: Fwd: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188
Attachments: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188

Linda,

I have gotten an OK from UT on the revision to include the payment history as an attachment for amendment #4 for ED-04-01188 contract.

Linda C. White
Financial/Fiscal Director, MMHI
Work: (901) 524-1212
Fax : (901) 524-1214
Linda.White@state.tn.us

The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error, please delete it and immediately notify the person named above by reply mail

From: "Pulliam, Sandra S" <spulliam@utmem.edu>
To: "Linda White" <Linda.White@state.tn.us>
Date: 6/20/2007 3:01 PM
Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188

That'll be fine.

Sandra Pulliam
Contracts Manager
University of Tennessee Health Science Center
Telephone: 901-448-4890
Fax: 901-448-7775

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]
Sent: Wednesday, June 20, 2007 2:13 PM
To: Haynes, Aaron M; Pulliam, Sandra S
Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FORUT-ED04-01188
Importance: High

**** High Priority ****

Thanks, Aaron. I will be awaiting Sandra's approval.

Linda C. White
Financial/Fiscal Director, MMHI
Work: (901) 524-1212
Fax : (901) 524-1214
Linda.White@.state.tn.us

****The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error, please delete it and immediately notify the person named above by reply mail****

>>> "Haynes, Aaron M" <ahaynes@utmem.edu> 6/20/2007 12:51 PM >>>
It looks fine to me.

Aaron

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]
Sent: Wednesday, June 20, 2007 11:42 AM
To: Pulliam, Sandra S
Cc: Haynes, Aaron M
Subject: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188
Importance: High

**** High Priority ****

Sandra,

TDMHDD contract office requested a revision to contract amendment #4 (ED04-01188-04) for FY2008 for us to include a payment history starting with FY2004. In order to expedite this request, my suggestion is to add an attachment labeled "ATTACHMENT A" & make a note in section C.3. Payment Methodology to reference the attachment.

I have attached the two files which would show this revision that our contract office is requesting. I need UT's approval via email to proceed with this revision & use the signature sheet from the previously submitted amendment.

Thanks,

```

X-esp:
ESP<10>=FBL<10>SHA<0>UFA<0>SLS<0>PAGES<0>
SenderID<1>=ScamDictionary (TRU10) Plus<0>
html_image_spam<0> AllowedSignage<0> Adult Dictionary
(TRU10) Plus<0> HTML (TRU10) Plus<0> Obscenities Dictionary
(TRU10) <0> Spam Dictionary (TRU10) <0> Host Dictionary
(TRU10) <0> Adult Dictionary (TRU10) <0> Embed HTML
Dictionary (TRU10) <0> stock_spam<0> stock_spam_plus<0>
Spam Dictionary (TRU10) <0> German Dictionary <0> HTML
Dictionary (TRU10) <0> SPAM TRU3PLUS<0>URL Real-Time
Signatures<0> Spam Dictionary2
(TRU10) <0> CID<1>JAVDAIAQ8QAZoEFwAat_BasilroylFDXz9
iIn87mlB8a50S2zgYECydmVl4NnULQPQ4NgGmbWonZJCXa
Uk_jisOx94
MCMY-aGhBydy_Pv2Y2toUapRmWw5UWfPpXIKzmXlaBD1-
4xmVla1q5pDRA10AtHjvADvacyYHLPilldoAVI10-sza9kXySDip-
mXAA[so9Q6bllhDV687mW6ksJA>

```

That'll be fine.

Sandra Pulliam
 Contracts Manager
 University of Tennessee Health Science Center
 Telephone: 901-448-4890
 Fax: 901-448-7775
 -----Original Message-----
 From: Linda White [mailto:Linda.White@state.tn.us]
 Sent: Wednesday, June 20, 2007 2:13 PM
 To: Haynes, Aaron M; Pulliam, Sandra S
 Subject: RE: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON
 FORUT-ED04-01188Importance: High

**** High Priority ****

Thanks, Aaron. I will be awaiting Sandra's approval.

Linda C. White
 Financial/Fiscal Director, MMHI
 Work: (901) 524-1212
 Fax : (901) 524-1214
 Linda.White@state.tn.us

****The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error, please delete it and immediately notify the person named above by reply mail****

>>> "Haynes, Aaron M" <ahaynes@utmem.edu> 6/20/2007 12:51 PM >>>
 It looks fine to me.

Aaron

-----Original Message-----

From: Linda White [mailto:Linda.White@state.tn.us]

Sent: Wednesday, June 20, 2007 11:42 AM

To: Pulliam, Sandra S

Cc: Haynes, Aaron M

Subject: SUGGESTIONS TO HOW TO INCLUDE THE COMPARISON FOR UT-ED04-01188

Importance: High

**** High Priority ****

Sandra,

TDMHDD contract office requested a revision to contract amendment #4 (ED04-01188-04) for FY2008 for us to include a payment history starting with FY2004. In order to expedite this request, my suggestion is to add an attachment labeled "ATTACHMENT A" & make a note in section C.3. Payment Methodology to reference the attachment.

I have attached the two files which would show this revision that our contract office is requesting. I need UT's approval via email to proceed with this revision & use the signature sheet from the previously submitted amendment.

Thanks,

45428

RECEIVED
MAY 10 46
AM 10:46
U.S. OFFICE
OF
AIR SERVICES
WASHINGTON, D.C.
MAIL ROOM
COMMUNICATIONS SECTION
ATTENTION: MR. [illegible]
[illegible] [illegible] [illegible]

CONTRACT SUMMARY SHEET

RES Number:	17-027	Contract Number:	ED-07-01
Order Agency:	T D MHD	Division:	MEMPHIS MENTAL HEALTH INSTITUTE
Contractor:	Contractor Identification Number		
UNIVERSITY OF TENNESSEE		V-	C 62-6001636-R3
	x	C-	

PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMENDMENT #2

Contract Begin Date	Contract End Date
1-Jul-03	30-Jun-06

339.17	302210	25Z 407	11		on STARS		
--------	--------	---------	----	--	----------	--	--

Accounting Period		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	3009	3010	3011	3012	3013	3014	3015	3016	3017	3018	3019	3020	3021	3022	3023	3024	3025	3026	3027	3028	3029	3030	3031	3032	3033	3034	3035	3036	3037	3038	3039	3040	3041	3042	3043	3044	3045	3046	3047	3048	3049	3050	3051	3052	3053	3054	3055	3056	3057	3058	3059	3060	3061	3062	3063	3064	3065	3066	3067	3068	3069	3070	3071	3072	3073	3074	3075	3076	3077	3078	3079	3080	3081	3082	3083	3084	3085	3086	3087	3088	3089	3090	3091	3092	3093	3094	3095	3096	3097	3098	3099	3100	3101	3102	3103	3104	3105	3106	3107	3108	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118	3119	3120	3121	3122	3123	3124	3125	3126	3127	3128	3129	3130	3131	3132	3133	3134	3135	3136	3137	3138	3139	3140	3141	3142	3143	3144	3145	3146	3147	3148	3149	3150	3151	3152	3153	3154	3155	3156	3157	3158	3159	3160	3161	3162	3163	3164	3165	3166	3167	3168	3169	3170	3171	3172	3173	3174	3175	3176	3177	3178	3179	3180	3181	3182	3183	3184	3185	3186	3187	3188	3189	3190	3191	3192	3193	3194	3195	3196	3197	3198	3199	3200	3201	3202	3203	3204	3205	3206	3207	3208	3209	3210	3211	3212	3213	3214	3215	3216	3217	3218	3219	3220	3221	3222	3223	3224	3225	3226	3227	3228	3229	3230	3231	3232	3233	3234	3235	3236	3237	3238	3239	3240	3241	3242	3243	3244	3245	3246	3247	3248	3249	3250	3251	3252	3253	3254	3255	3256	3257	3258	3259	3260	3261	3262	3263	3264	3265	3266	3267	3268	3269	3270	3271	3272	3273	3274	3275	3276	3277	3278	3279	3280	3281	3282	3283	3284	3285	3286	3287	3288	3289	3290	3291	3292	3293	3294	3295	3296	3297	3298	3299	3300	3301	3302	3303	3304	3305	3306	3307	3308	3309	3310	3311	3312	3313	3314	3315	3316	3317	3318	3319	3320	3321	3322	3323	3324	3325	3326	3327	3328	3329	3330	3331	3332	3333	3334	3335	3336	3337	3338	3339	3340	3341	3342	3343	3344	3345	3346	3347	3348	3349	3350	3351	3352	3353	3354	3355	3356	3357	3358	3359	3360	3361	3362	3363	3364	3365	3366	3367	3368	3369	3370	3371	3372	3373	3374	3375	3376	3377	3
-------------------	--	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	---

GENE WOOD

12TH FLOOR ANDREW JOHNSON

(615) 532-6676

x

x

X

x

Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	6/30/2006	6/30/06
2004	\$741,231.00	
2005	\$530,055.00	
2006		\$530,055.00
	\$1,271,286.00	\$530,055.00

RECEIVED
2005 JUN -1 PM 2:37
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

JUN 23 2015

CONTRACT SUMMARY SHEET				
AS Number	339.17-027	Contract Number	ED-04-0118r-01	
Agency	T D MHDD	Division	MEMPHIS MENTAL HEALTH INSTITUTE	
Contractor		Contractor Identification Number		
UNIVERISTY OF TENNESSEE		V-	C 62-6001636-R3	
	x	C-		
Service Description				

C 62-6001636-R3

Service Description

PSYCHIATRISTS (2-PSYCHIATRISTS & 3-PSYCHIATRIC RESIDENTS) AMEND #1

Contrast End Date

30-Jun-05

339.17	302210	25Z 407	11	on STARS		
--------	--------	---------	----	----------	--	--

Year	State Funds	Federal Funds	Local Funds	Total Funds	Total Funds Available for Capital Improvements
2004				\$741,231.00	\$741,231.00
2005				\$530,055.00	\$530,055.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total	\$0.00	\$0.00	\$0.00	\$1,271,286.00	\$1,271,286.00

[illegible]

Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
JUN 28 PM 12:02
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

JUL 14 2014

COMPLIANCE FOR ALL AMENDMENTS, GOV		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date:	6/30/2005 <i>2004</i>	<i>6/30/05</i>
2004	\$741,231.00	
2005		\$530,055.00
Totals	\$741,231.00	\$530,055.00

CONTRACT SUMMARY SHEET

RFS Number:	339.17-027	Contract Number:	ED-04-01188-00
State Agency:	T D MHDD	Division:	MEMPHIS MENTAL HEALTH INSTITUTE
Contractor:		Contractor Identification Number:	
UNIVERISTY OF TENNESSEE		C 62-6001636-R3	
		V-	
		x	C-

Service Description

PSYCHIATRISTS (1 MEDICAL DIRECTOR & 2 ^{Psychiatrist} PSYCHIATRISTS & PSYCHIATRIC RESIDENTS (3)

Contract Begin Date				Contract End Date			
1-Jul-03				30-Jun-04			
Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
339.17	302210	25Z 407	11	on STARS			
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)		
2004				\$741,231.00	\$741,231.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
Total	\$0.00	\$0.00	\$0.00	\$741,231.00	\$741,231.00		

CFDA Number:	State Fiscal Contact	Check the box (below) ONLY if the answer is YES:	
Name:	MARLENE ALVAREZ	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address:	CORDELL HULL BLDG, 3RD FLOOR	Is the Contractor a VENDOR? (per OMB A-133)	X
Phone:	(615) 532-6741	Is the Fiscal Year Funding STRICTLY LIMITED?	X
Procuring Agency Budget Officer Signature		Is the Contractor on STARS?	X
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	X

Marlene D. Alvarez

COMPLETE FOR ALL AMENDMENTS (only)		
End Date >	Base Contract & Prior Amendments	This Amendment ONLY
FY		
FY		
FY		
FY		
FY		

Pursuant to T.C.A., Section 9-6-113, I, M.D. Gotez, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

MEMPHIS MENTAL HEALTH INSTITUTE
30 JUN 2004

12 12 13 71 1111 001

11111111